

Support Coordination-External (SCE)

General Description

Support Coordination-External (SCE) Contractor monitors the health and safety of persons in the Home and Community-Based Services (HCBS) Waiver in accordance with program requirements and the person's assessed service needs, and coordinates the delivery of quality waiver services. The SCE Contractor validates comprehensive assessments of persons enrolled in an HCBS waiver and consults with DHS/DSPD as well as the State Medicaid Agency to recertify eligibility and/or modify existing comprehensive assessments and service plans. The SCE Contractor informs persons of available services and how to select from the providers that offer those services, assists persons in obtaining services they select, and helps persons assert their appellate rights to a hearing if the choices they make for services or providers are reduced or denied by DHS/DSPD or the State Medicaid Agency. The Contractor provides regular reassessments of the person's status and needs, including their health and safety needs, and suggests modifications to service plans based on these reassessments. The Contractor assists the person with gaining access to services provided under the State of Utah Medicaid Plan (Medicaid State Plan) as well as gaining access to other non-Medicaid based resources that are assessed as being of benefit to the person. The SCE Contractor always pays vigilant attention to ensure the quality of the services delivered to the person and takes necessary steps, including the notification of authorities with appropriate jurisdiction, to ensure such quality. Finally, the SCE Contractor provides discharge-planning services for persons disenrolling from the HCBS waiver to ensure safe and orderly disenrollment and transition to other available resources.

Population Served

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions as defined in Utah Administrative Rule R539-1, including those receiving services in the DHS/DSPD Medicaid MR.RC HCBS Waiver.

Contractor's Qualifications

Contractor must have all applicable licenses as prescribed in Utah Administrative Rule R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided. A non-licensed Contractor must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code Annotated § 62A-5-103.

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor must also agree to participate in any DHS/DSPD required training.

Staff Qualifications

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education and training must be completed before the delivery of any supports to persons and performing any work for

persons without supervision. In order to be considered competent to deliver services under this service description, staff must qualify for and possess the credential of Qualified Mental Retardation Professional (QMRP) as defined in *Interpretive Guidelines for ICF for Persons with Mental Retardation (W159-W180)*; *Code of Federal Regulations, Centers for Medicare and Medicaid Services, State Operations Manual-Appendix J, pages 77-87* (or provide a statement that qualifications will be met before providing services). Additionally, staff must successfully complete a course offered and prescribed by DHS certifying competency in support coordination prior to providing any support coordination services to persons enrolled in a DHS/DSPD waiver, independently and without supervision. However, staff may provide support coordination services under the direct and immediate supervision of an individual who possesses the QMRP credential and has been certified by DHS/DSPD as competent to provide support coordination while the non-certified staff members are actively pursuing training leading to certification of competency as a support coordinator, provided that in no case shall more than three non-certified staff members be supervised by a single certified support coordinator. In this case, QMRP-credentialed and certified support coordinators shall reduce the caseload of persons for whom they are providing support coordination services by ten for each non-certified support coordinator under their supervision. Unless previously approved by the DHS/DSPD Director in writing, support coordinators may not provide services to more than FORTY persons enrolled in a DHS/DSPD HCBS Waiver at any one time.

Staff must agree to and sign the DHS Provider Code of Conduct and complete any Conflict of Interest disclosure documents currently required by DHS/DSPD. Staff must successfully complete and pass initial, as well as annual, Bureau of Criminal Identification (BCI) background checks through the DHS, Office of Licensing and have a record of the BCI results in the staff record as required by Utah Administrative Code R501-14. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>. Background investigations must also include queries of the National Crime Information Center conducted by the Federal Bureau of Investigation in the case of staff members who have not continuously resided in the State of Utah for the preceding five years [continuous residency is defined as residency without an absence of four weeks or longer]. Additionally, staff must annually pass a review of the abuse registries queried by the DHS Office of Licensing.

The Contractor must ensure that the Support Coordinators are trained in the Staff Training Requirements as outlined in applicable HCBS Waiver, rule, statute, and contract. Specifically, all support coordinators must complete 30 hours of continuing education each year that is relevant to their conduct of duties and is approved by a regional director of DHS/DSPD.

General Service Requirements

The provision of support coordination services shall include, at a minimum, the following services:

Validating the person's comprehensive assessment and the identification of services and supports necessary to ensure the person's health and safety;

Affording the person the choice of services and service providers from which the person can elect to receive needed waiver services. The support coordinator is responsible for ensuring that the person and his/her family and legal representative have sufficient information in order to make an informed choice regarding the formulation of the Individual Support Plan (ISP);

1. Developing the ISP and ensuring appropriate support strategies for implementation of all elements of the ISP are included in the plan, as well as developing a budget necessary and appropriate for the implementation of all elements included in the ISP;
2. Consulting the appropriate DHS/DSPD Eligibility Determination and Enrollment unit to modify comprehensive assessments and resulting identified service needs, and consulting the appropriate DHS/DSPD Service Review unit in order to verify the appropriateness of a person's service plan and budget;

3. Providing information and advocacy services, including assisting persons in properly lodging requests for Fair Hearings in the case of agency denial of properly requested services or providers;
4. Assisting persons in actually receiving the supports and services specified in their ISP. This may include assisting the person to gain access to supports and services from qualified providers or from other sources including but not limited to the Medicaid State Plan, community entitlements, and other informal and natural supports and services required by the person in order to properly address the person's assessed needs. This may include offering instruction to the person, his/her family or legal representative about means by which they can access services independently when other funding sources become unavailable;
5. Monitoring in order to ensure that the provision and quality of the services afforded the person pursuant to the person's ISP are delivered as intended. Such monitoring may include: a) interviews with the person; b) direct observation of supports provided by contracted or employed providers or supports; c) assessing of the knowledge of contracted or employed staff in the use and application of behavioral supports, medical conditions pertinent to the person and support strategies for the person; d) reviewing (on a monthly basis) provider or staff documentation of services provided to the person; and, e) periodically reassessing the person's progress and the continuing need for services. However, such monitoring will include at a minimum, a face-to-face visit and direct observation on no less than a **monthly** basis for persons receiving residential or day support services, except in cases in which only supported living services in the family's home are rendered, in which case face-to-face monitoring may occur on a **quarterly** basis.
6. Monitoring on an ongoing basis the person's health, welfare and safety status and initiating appropriate changes in the person's assessed needs and prescribed services, including support coordination services in the person's ISP as needed, and reporting in a timely and accurate fashion such changes to DHS/DSPD in order to secure approval from DHS/DSPD regarding any changes in budget that such changes may result in;
7. Performing comprehensive personal needs and prescribed service needs reassessments, including updating detailed social histories, and reviewing and modifying, as needed the person's ISP in conformity with the intervals specified in the appropriate HCBS waiver. However, all prescribed services, including support coordination services that are included in the person's ISP shall reflect an assessment of need based on amount, frequency and duration of services required to meet the person's assessed needs as contained within the person's ISP, regardless of the place of residence of the person within the State of Utah;

8. Maintaining individual case records and documentation in a timely and accurate fashion in conformity with the documentation requirements and standards set by DHS/DSPD and using formats prescribed by DHS/DSPD, including the documentation of all support coordination activity rendered to or on behalf of the person;
9. Monitoring contracted or employed providers' or staffs' actual provision of supports specified in the ISP, as well as assuring that requests for payment or other submitted invoices are accurate and truthful and are submitted to DHS/DSPD in a timely, accurate and appropriate fashion;
10. Providing discharge planning and transition services to persons disenrolling from a particular HCBS waiver to ensure a safe and orderly transition to other community supports and services; and,
11. Providing support coordination services as needed during times of crisis.